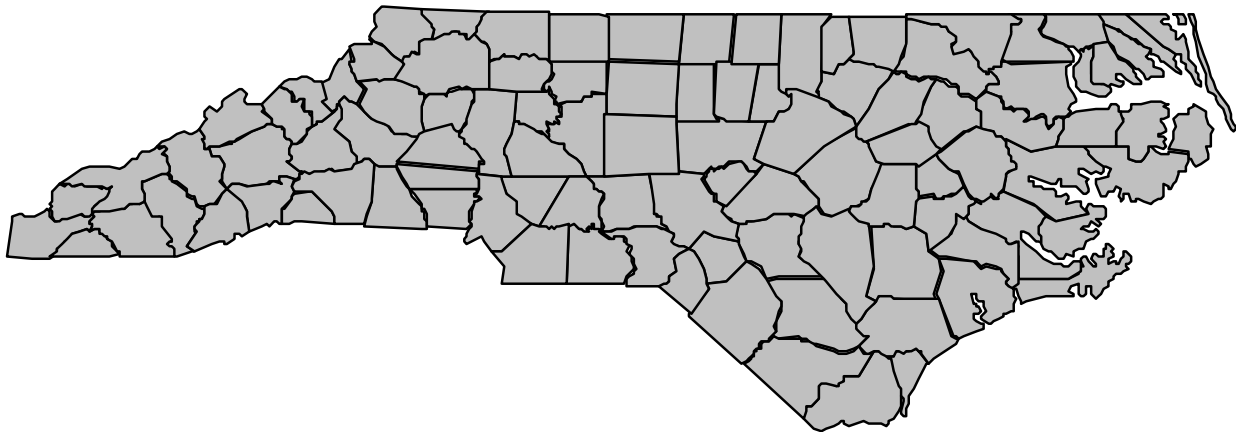


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**2006 - 2007 Performance Contract
With Local Management Entities**

**First Quarter Report
July 1, 2006 - September 30, 2006
(Revised 2/15/07)**



Prepared by

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Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

November 2006



2006 - 2007 Performance Contract

First Quarter Report

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Introduction

Background

The development and implementation of the Performance Contract has been an evolutionary process. Prior to July 1999, the relationship between the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and the Area Authorities or County Programs was governed by a **Memorandum of Understanding** that both parties signed.

In July 1999, the DMH/DD/SAS and Area Authorities or County Programs implemented the SFY 1999-2000 **Performance Agreement** to replace the Memorandum Of Understanding. The creation of this agreement marked a significant change in the relationship between the Division and the Area Authorities and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes. This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

In July 2003, the relationship further evolved and the NC Department of Health and Human Services (NC DHHS) replaced the Performance Agreement with a **Performance Contract** for SFY 2004-2007 reflecting the new management functions of Area Authorities and County Programs as they transformed into Local Management Entities (LMEs). LMEs were allowed to sign and implement this new Performance Contract within this three year period. During this transition period, Area Authorities and County Programs that were in an earlier phase of transformation and were not yet ready to become an LME would continue to operate under the SFY 2003-2004 Performance Agreement. Correspondence to the Area Directors, dated October 26, 2004, provided details for this process. One of the LMEs (Piedmont) is exempt from signing the Performance Contract. It is operating under a Medicaid Waiver and has a separate performance contract with the Department.

Accordingly, on January 2005, 21 of the 33 LMEs that existed at the time implemented the SFY 2004-2007 Performance Contract. On July 1, 2005 (at the beginning of SFY 2005-2006), the number of LMEs that implemented the SFY 2004-2007 Performance Contract increased to 25, and several LMEs reorganized reducing the total number of LMEs to 30. An additional LME implemented the Performance Contract beginning with the third quarter of that year increasing the total to 26 participating LMEs that year.

State Fiscal Year 2006-2007

During the first quarter, only three LMEs are still operating under the SFY 2003-2004 Performance Agreement requirements. A table listing the LMEs under the Performance Contract vs. the Performance Agreement is provided in this report on page 2. Beginning with the second quarter, all 29 LMEs (not including Piedmont) will have signed and be subject to the SFY 2004-2007 Performance Contract.

As in prior agreements, the current agreements/contracts provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present LME-specific performance data, comparisons to statewide data, and cross-LME comparisons.

This is the **First Quarter Report** for SFY 2006-2007 under the SFY 2004-2007 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the contract. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report. For the three LMEs that are still operating under the Performance Agreement, results of Performance Agreement measures that correspond to measures on the Performance Contract will be included in the relevant section of the First Quarter Performance Contract Report. All of these reports are included in the Administrative Performance domain.

The tables on the following pages list the report schedule, the performance requirements and standards, and LME performance for the current state fiscal year under the SFY 2004-2007 Performance Contract.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison. The LME liaison will assist in getting answers to questions and/or having errors corrected.

LMEs Reporting Under The SFY 2004-2007 Performance Contract vs.
The SFY 2003-2004 Performance Agreement

The first column of this table lists the LMEs that have signed the SFY 2004-2007 Performance Contract as of July 1, 2006 and are accountable for meeting the Performance Contract requirements. The second column lists the LMEs that will continue to use the measures in the SFY 2003-2004 Performance Agreement until the Performance Contract is signed. It is expected that all LMEs will be under the Performance Contract beginning with the second quarter of this fiscal year.

LME	SFY 2004-2007 Performance Contract	SFY 2003-2004 Performance Agreement
Alamance-Caswell-Rockingham	X	
Albermarle	X	
Catawba	X	
CenterPoint	X	
Crossroads	X	
Cumberland	X	
Durham	X	
Eastpointe	X	
Edgecombe-Nash		X
Five County	X	
Foothills	X	
Guilford	X	
Johnston	X	
Mecklenburg	X	
Neuse	X	
New River	X	
Onslow-Carteret	X	
Orange-Person-Chatham	X	
Pathways	X	
Pitt	X	
Roanoke-Chowan	X	
Sandhills	X	
Smoky Mountain	X	
Southeastern Center	X	
Southeastern Regional	X	
Tideland		X
Wake	X	
Western Highlands Network	X	
Wilson-Greene		X
Total	26	3

Note: Piedmont is operating under a Medicaid Waiver and has a separate Performance Contract

2006 - 2007 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement		1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1.1. General Administration and Governance					
1.1.1.	Local Business Plan Implementation	X	X	X	X
1.2. Access, Triage, and Referral					
1.2.1.	Access to Emergent Care	X	X	X	X
1.2.2.	Access to Urgent Care	X	X	X	X
1.2.3.	Access to Routine Care	X	X	X	X
1.2.4.	Access Line	X	X	X	X
1.3. Service Management					
1.3.1.	Choice of Providers	This measure has been discontinued			
1.3.2.	Discharge Planning With State Operated Services				X
1.3.3.	After-care Planning With State Operated Services				X
1.3.4.	Compliance With Diversion Law NCGS 122C-261(f)				X
1.3.5.	Transition To Community Services (Community Capacity Plan) - MH				X
1.3.5.	Transition To Community Services (Community Capacity Plan) - DD				X
1.3.5.	Transition To Community Services (Bed Day Allocations)	X	X	X	X
1.4. Provider Relations and Support					
1.4.1.	Proximity	This measure has been discontinued			
1.4.2.	SB 163 Provider Monitoring	X	X	X	X
1.5. Customer Services and Consumer Rights					
1.5.1.	Consumer Rights: Proper Notice Of Appeal Rights				X
1.6. Quality Management and Outcomes Evaluation					
1.6.1.	Quality Improvement Process				X
1.6.2.	Incident Management				X
1.6.3.	Incident Reporting	X	X	X	X
1.7. Business Management and Accounting					
1.7.1.	Accounting and Claims Adjudication				X
1.8. Information Management, Analysis, and Reporting					
1.8.1.	<u>System Monitoring:</u>				
1.8.1.1.	Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2.	Cost Finding Report		X		
1.8.1.3.	Paybacks	This measure has been discontinued			
1.8.1.4.	SAPTBG Compliance Report		X		X
1.8.1.5.	Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6.	Work First Initiative Quarterly Reports	X	X	X	X
1.8.2.	<u>Consumer Information:</u>				
1.8.2.1.	Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2.	Client Data Warehouse (CDW) - Missing Data	This measure has been discontinued			
1.8.2.3.	Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4.	Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5.	Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.7.	DD Client Outcome Inventory (DD COI)	X	X	X	X
1.8.2.9.	NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10.	NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
1.8.2.11.	National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.13.	NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14.	Consumer Satisfaction Survey (CSS)			X	

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

**2006 - 2007 Performance Contract
First Quarter Report
July 1, 2006 - September 30, 2006**

Summary of LME Clinical Performance

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care	1.2.4. Access Line
Alamance-Caswell-Rockingham	1	75.0%	★★	★★		★★
Albemarle	1	50.0%	★			★★
Catawba	1	50.0%	★★	★★		
CenterPoint	1	75.0%	★	★		★
Crossroads	1	75.0%	★★	★		★
Cumberland	1	50.0%	★★			★★
Durham	1	50.0%	★★			★★
Eastpointe	1	50.0%	★★			★★
Five County	1	50.0%	★★	★		
Foothills	1	100.0%	★★	★★	★	★★
Guilford	1	75.0%	★★	★★		★★
Johnston	1	75.0%	★★	★★		★★
Mecklenburg	1	100.0%	★★	★	★	★★
Neuse	1	100.0%	★★	★★	★	★★
New River	1	75.0%	★★	★		★★
Onslow-Carteret	1	75.0%	★★	★	★	
Orange-Person-Chatham	1	100.0%	★★	★	★	★★
Pathways	1	75.0%	★	★		★★
Pitt	1	50.0%	★★			★★
Roanoke-Chowan	1	50.0%	★★			★★
Sandhills Center	1	75.0%	★★	★		★★
Smoky Mountain	1	50.0%	★★			★★
Southeastern Center	1	50.0%	★★			★★
Southeastern Regional	1	75.0%	★★	★		★★
Wake	1	75.0%	★★	★		★★
Western Highlands	1	50.0%	★★			★★

Met Best Practice Standard Q1: ★★	48.1%	23 88.5%	6 23.1%	0 0.0%	21 80.8%
Met the SFY2007 Standard Q1: ★	20.2%	3 11.5%	11 42.3%	5 19.2%	2 7.7%
Total	68.3%	26 100.0%	17 65.4%	5 19.2%	23 88.5%

Statewide average (for the four measures that were applicable this quarter) that met the current SFY or best practice standard.

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
2. The Percent Met column only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter.
3. Measures that are shaded gray are not applicable this quarter.

**2005 - 2006 Performance Contract
First Quarter Report
July 1, 2005 - September 30, 2005**

Summary of LME System Management Performance

LME	Qtr	System Management Percent Met ² (★ or ★★)	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric	1.3.5. Bed-Day Allocations - ADATC	1.4.2. SB 163 Provider Monitoring - Timely Resolution	1.6.3. Incident Reporting
Alamance-Caswell-Rockingham	1	100.0%	<	<<	<<	<	<<	★★	☆☆
Albemarle	1	100.0%	>	<	>	>>	>	★★	☆
Catawba	1	100.0%	<	>>	<	<<	<	★★	☆
CenterPoint	1	100.0%	>	<	<	>	<<	★★	☆☆
Crossroads	1	100.0%	<	<<	<<	>>	<<	★★	☆☆
Cumberland	1	100.0%	<	>>	>>	>>	<<	★	☆☆
Durham	1	100.0%	<	<	<<	>>	<<	★★	☆
Eastpointe	1	100.0%	>	<	>>	<<	<	★	☆☆
Five County	1	100.0%	>	>	<<	<	<<	★★	☆☆
Foothills	1	100.0%	<	<	<<	<	<	★★	☆☆
Guilford	1	100.0%	<	<	<<	<	<<	★	☆☆
Johnston	1	100.0%	<	>>	>	<<	<<	★★	☆☆
Mecklenburg	1	100.0%	>	<	>	>	<	★★	☆☆
Neuse	1	100.0%	>	<	<<	<<	<	★★	☆☆
New River	1	100.0%	<	<	<<	>>	>>	★★	☆☆
Onslow-Carteret	1	100.0%	<	<	<<	<	<	★★	☆☆
Orange-Person-Chatham	1	100.0%	>	<	<	<<	<<	★★	☆☆
Pathways	1	100.0%	<	>>	<	<<	<<	★★	☆☆
Pitt	1	100.0%	<	<	>	<<	<	★★	☆☆
Roanoke-Chowan	1	100.0%	<	<	>	<	<<	★★	☆☆
Sandhills Center	1	100.0%	<	<	>>	>	<	★	☆☆
Smoky Mountain	1	100.0%	<	<<	<<	>	<<	★	☆☆
Southeastern Center	1	100.0%	>	<	>>	>>	<	★★	☆☆
Southeastern Regional	1	100.0%	>	>>	<	>	<<	★	☆☆
Wake	1	100.0%	>	<	>	<	<<	★★	☆☆
Western Highlands	1	100.0%	<	>	<	>>	<<	★	☆☆
Met Best Practice Standard Q1: ★★		73.1%						19 73.1%	23 88.5%
Met the SFY2006 Standard Q1: ★		26.9%						7 26.9%	3 11.5%
Total		100.0%						26 100.0%	26 100.0%

Statewide average (for the one measure that was applicable this quarter) that met the current SFY or best practice standard.

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆ = On track for meeting the annual Best Practice Standard.
- The Percent Met column only includes measures where the performance standard is applicable this quarter. It does not include annual measures (e.g. bed-day allocations & incident reporting) for which final results will not be available until year-end.
- Measures that are shaded gray are not applicable this quarter.

Bed-Day Allocation Symbols (Applicable First 3 Quarters Only)

- >>> YTD utilization has exceeded the annual allocation.
- >> YTD utilization is more than 10% above the YTD prorated allocation.
- > YTD utilization is less than 10% above the YTD prorated allocation.
- = YTD utilization is equal to the YTD prorated allocation
- < YTD utilization is less than 10% below the YTD prorated allocation
- << YTD utilization is more than 10% below the YTD prorated allocation.

**2005 - 2006 Performance Contract
First Quarter Report
July 1, 2005 - September 30, 2005**

Summary of LME Administrative Performance

LME	Qtr	Administration Percent Met ² (★ or ★★)	1.1.1. Local Business Plan	1.8.1. Quarterly Fiscal Monitoring Reports (SFY06 Q4)	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.5. SA/LJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.7. DD COI	1.8.2.9. NC TOPPS (Initial)	1.8.2.10. NC TOPPS (Update)	1.8.2.13. NC-SNAP
Alamance-Caswell-Rockingham	1	80.0%	★★	★★	★★	★★	☆☆	★★	★★	★★				★★
Albemarle	1	63.6%	★★		★★	★★	☆☆	★★	★★	★★				★
Catawba	1	70.0%	★★	★★	★★		☆☆	★★	★★	★★				★★
CenterPoint	1	63.6%	★★	★★	★★		☆☆	★★	★★	★★				★★
Crossroads	1	70.0%	★★	★★	★★		☆☆	★★	★★	★★				★
Cumberland	1	72.7%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★			
Durham	1	72.7%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★			
Eastpointe	1	60.0%	★★	★★	★★	★★	☆☆	★★	★					
Edgecombe-Nash	1	62.5%	★★		★★		☆☆	★★	★★	★★				
Five County	1	80.0%	★★	★★	★★	★★	☆☆	★	★			★★		★★
Foothills	1	70.0%	★★	★★	★★	★★	☆☆	★★	★★	★★				
Guilford	1	70.0%	★★	★★	★★	★★	☆☆	★★	★★	★★				
Johnston	1	80.0%	★★	★★	★★		☆☆	★★	★★	★★		★		★★
Mecklenburg	1	77.8%	★★	★★	★★	★★	☆☆	★★	★					★★
Neuse	1	72.7%	★★	★★	★★	★★	☆☆	★★	★★	★★				★★
New River	1	77.8%	★★	★★	★★		☆☆	★★	★	★★				★★
Onslow-Carteret	1	44.4%	★★		★★		☆☆	★★	★★					
Orange-Person-Chatham	1	90.0%	★★	★★	★★	★★		★★	★★	★★		★★		★
Pathways	1	72.7%	★★	★★	★★	★★	☆☆	★★	★	★				★
Pitt	1	44.4%	★★			★★	☆☆		★★					★
Roanoke-Chowan	1	72.7%	★★		★★	★★	☆☆	★★	★★	★★	★★			★
Sandhills Center	1	70.0%	★★	★★	★★	★★	☆☆	★★	★★	★★				
Smoky Mountain	1	44.4%	★★		★★		☆☆	★★	★★					
Southeastern Center	1	54.5%	★★		★★	★★	☆☆		★	★				★★
Southeastern Regional	1	80.0%	★★	★★	★★	★★	☆☆	★★	★★	★★				★
Tideland	1	44.4%	★★				☆☆	★★	★★	★★				
Wake	1	72.7%	★★	★★	★★	★★	☆☆	★★	★★	★★	★★			
Western Highlands	1	63.6%	★★	★★		★★	☆☆	★★	★★	★★	★★			
Wilson-Greene	1	62.5%	★★		★★		☆☆	★★	★★	★★				
Met Best Practice Standard Q1: ★★		62.1%	29 100.0%	20 76.9%	26 89.7%	19 90.5%	28 96.6%	26 89.7%	23 79.3%	21 72.4%	5 38.5%	2 7.4%	0 0.0%	9 31.0%
Met the SFY2006 Standard Q1: ★		5.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 3.4%	6 20.7%	2 6.9%	0 0.0%	1 3.7%	0 0.0%	7 24.1%
Total		67.9%	29 100.0%	20 76.9%	26 89.7%	19 90.5%	28 96.6%	27 93.1%	29 100.0%	23 79.3%	5 38.5%	3 11.1%	0 0.0%	16 55.2%

Statewide average (for the 11 measures that were applicable this quarter) that met the current SFY or best practice standard.

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
☆☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆☆ = On track for meeting the annual Best Practice Standard.
- Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter or annual measures (e.g. Work First) for which final results will not be available until year-end.
- Measures that are shaded gray are not applicable this quarter.

2006 - 2007 Performance Contract
First Quarter Report
July 1, 2006 - September 30, 2006

General Administration and Governance.
1.1.1. Local Business Plan Implementation

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.

SFY 2007 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/06)				2nd Qtr Report (Due 1/30/07)				3rd Qtr Report (Due 4/30/07)				4th Qtr Report (Due 7/30/07)			
	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²
Alamance-Caswell-Rockingham	10/30/06	Yes	Yes	★★												
Albemarle	10/25/06	Yes	Yes	★★												
Catawba	10/20/06	Yes	Yes	★★												
CenterPoint	10/24/06	Yes	Yes	★★												
Crossroads	10/25/06	Yes	Yes	★★												
Cumberland	10/24/06	Yes	Yes	★★												
Durham	10/24/06	Yes	Yes	★★												
Eastpointe	10/23/06	Yes	Yes	★★												
Edgecombe-Nash	10/23/06	Yes	Yes	★★												
Five County	10/9/06	Yes	Yes	★★												
Foothills	10/30/06	Yes	Yes	★★												
Guilford	10/10/06	Yes	Yes	★★												
Johnston	10/12/06	Yes	Yes	★★												
Mecklenburg	10/24/06	Yes	Yes	★★												
Neuse	10/9/06	Yes	Yes	★★												
New River	10/25/06	Yes	Yes	★★												
Onslow-Carteret	10/24/06	Yes	Yes	★★												
Orange-Person-Chatham	10/19/06	Yes	Yes	★★												
Pathways	10/30/06	Yes	Yes	★★												
Pitt	10/27/06	Yes	Yes	★★												
Roanoke-Chowan	10/9/06	Yes	Yes	★★												
Sandhills Center	10/9/06	Yes	Yes	★★												
Smoky Mountain	10/30/06	Yes	Yes	★★												
Southeastern Center	10/30/06	Yes	Yes	★★												
Southeastern Regional	10/27/06	Yes	Yes	★★												
Tideland	10/30/06	Yes	Yes	★★												
Wake	10/24/06	Yes	Yes	★★												
Western Highlands	10/30/06	Yes	Yes	★★												
Wilson-Greene	10/23/06	Yes	Yes	★★												

Number and Percent of LMEs that met the Best Practice Standard:

29 (100%)

0 (0%)

0 (0%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
First Quarter Report
July 1, 2006 - September 30, 2006

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen ² in 2 Hours		Total Provided Access Within 2 Hours ³		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons ⁴ Determined To Need	Met Std ⁵
Alamance-Caswell-Rockingham	10/20/06	1,629	403	24.7%	393	97.5%	10	2.5%	403	100.0%	★★
Albemarle	10/23/06	1,325	92	6.9%	77	83.7%	6	6.5%	83	90.2%	★
Catawba	10/19/06	1,967	44	2.2%	44	100.0%	0	0.0%	44	100.0%	★★
CenterPoint	10/13/06	3,466	1,005	29.0%	999	99.4%	5	0.5%	1,004	99.9%	★
Crossroads	10/16/06	1,710	193	11.3%	193	100.0%	0	0.0%	193	100.0%	★★
Cumberland	10/19/06	952	39	4.1%	37	94.9%	2	5.1%	39	100.0%	★★
Durham	10/18/06	2,013	251	12.5%	251	100.0%	0	0.0%	251	100.0%	★★
Eastpointe	10/20/06	1,185	53	4.5%	53	100.0%	0	0.0%	53	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement										
Five County	10/16/06	1,456	646	44.4%	645	99.8%	1	0.2%	646	100.0%	★★
Foothills	10/20/06	2,065	395	19.1%	389	98.5%	6	1.5%	395	100.0%	★★
Guilford	10/12/06	3,226	1,712	53.1%	1,712	100.0%	0	0.0%	1,712	100.0%	★★
Johnston	10/20/06	627	70	11.2%	70	100.0%	0	0.0%	70	100.0%	★★
Mecklenburg	10/17/06	1,729	23	1.3%	11	47.8%	12	52.2%	23	100.0%	★★
Neuse	10/16/06	649	24	3.7%	24	100.0%	0	0.0%	24	100.0%	★★
New River	10/20/06	2,020	100	5.0%	100	100.0%	0	0.0%	100	100.0%	★★
Onslow-Carteret	10/31/06	1,211	377	31.1%	377	100.0%	0	0.0%	377	100.0%	★★
Orange-Person-Chatham	10/20/06	663	115	17.3%	115	100.0%	0	0.0%	115	100.0%	★★
Pathways	10/19/06	1,991	292	14.7%	260	89.0%	24	8.2%	284	97.3%	★
Pitt	10/19/06	403	5	1.2%	5	100.0%	0	0.0%	5	100.0%	★★
Roanoke-Chowan	10/19/06	974	53	5.4%	50	94.3%	3	5.7%	53	100.0%	★★
Sandhills Center	10/20/06	2,770	507	18.3%	503	99.2%	4	0.8%	507	100.0%	★★
Smoky Mountain	10/18/06	1,594	285	17.9%	173	60.7%	112	39.3%	285	100.0%	★★
Southeastern Center	10/20/06	2,512	762	30.3%	692	90.8%	70	9.2%	762	100.0%	★★
Southeastern Regional	10/19/06	1,117	44	3.9%	44	100.0%	0	0.0%	44	100.0%	★★
Tideland	Subject to Performance Agreement										
Wake	10/20/06	1,786	319	17.9%	319	100.0%	0	0.0%	319	100.0%	★★
Western Highlands	10/16/06	1,719	244	14.2%	244	100.0%	0	0.0%	244	100.0%	★★
Wilson-Greene	Subject to Performance Agreement										
Total		42,759	8,053	18.8%	7,780	96.6%	255	3.2%	8,035	99.8%	★

Number and Pct of LMEs that met the Best Practice Standard:

23 (88.5%)

Number and Pct of LMEs that met the SFY 2007 Standard:

3 (11.5%)

Total

26 (100%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen** is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours** includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	10/20/06	1,629	31	1.9%	31	100.0%	★★	0	0.0%	0	0.0%	100.0%
Albemarle	10/23/06	1,325	300	22.6%	237	79.0%		20	6.7%	15	5.0%	90.7%
Catawba	10/19/06	1,967	35	1.8%	35	100.0%	★★	0	0.0%	0	0.0%	100.0%
CenterPoint	10/13/06	3,466	196	5.7%	176	89.8%	★	7	3.6%	8	4.1%	97.4%
Crossroads	10/16/06	1,710	109	6.4%	106	97.2%	★	3	2.8%	0	0.0%	100.0%
Cumberland	10/19/06	952	149	15.7%	123	82.6%		9	6.0%	16	10.7%	99.3%
Durham	10/18/06	2,013	931	46.2%	709	76.2%		25	2.7%	99	10.6%	89.5%
Eastpointe	10/20/06	1,185	54	4.6%	22	40.7%		28	51.9%	4	7.4%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	10/16/06	1,456	44	3.0%	43	97.7%	★	1	2.3%	0	0.0%	100.0%
Foothills	10/20/06	2,065	120	5.8%	120	100.0%	★★	0	0.0%		0.0%	100.0%
Guilford	10/12/06	3,226	156	4.8%	156	100.0%	★★	0	0.0%	0	0.0%	100.0%
Johnston	10/20/06	627	47	7.5%	47	100.0%	★★	0	0.0%	0	0.0%	100.0%
Mecklenburg	10/17/06	1,729	876	50.7%	837	95.5%	★	19	2.2%	20	2.3%	100.0%
Neuse	10/16/06	649	45	6.9%	45	100.0%	★★	0	0.0%	0	0.0%	100.0%
New River	10/20/06	2,020	402	19.9%	393	97.8%	★	3	0.7%	6	1.5%	100.0%
Onslow-Carteret	10/31/06	1,211	455	37.6%	450	98.9%	★	0	0.0%	5	1.1%	100.0%
Orange-Person-Chatham	10/20/06	663	165	24.9%	163	98.8%	★	2	1.2%	0	0.0%	100.0%
Pathways	10/19/06	1,991	178	8.9%	167	93.8%	★	3	1.7%	8	4.5%	100.0%
Pitt	10/19/06	403	10	2.5%	8	80.0%		1	10.0%	1	10.0%	100.0%
Roanoke-Chowan	10/19/06	974	66	6.8%	50	75.8%		13	19.7%	3	4.5%	100.0%
Sandhills Center	10/20/06	2,770	266	9.6%	226	85.0%	★	20	7.5%	20	7.5%	100.0%
Smoky Mountain	10/18/06	1,594	213	13.4%	160	75.1%		25	11.7%	28	13.1%	100.0%
Southeastern Center	10/20/06	2,512	724	28.8%	163	22.5%		42	5.8%	76	10.5%	38.8%
Southeastern Regional	10/19/06	1,117	75	6.7%	67	89.3%	★	5	6.7%	2	2.7%	98.7%
Tideland	Subject to Performance Agreement											
Wake	10/20/06	1,786	269	15.1%	248	92.2%	★	15	5.6%	6	2.2%	100.0%
Western Highlands	10/16/06	1,719	200	11.6%	162	81.0%		6	3.0%	16	8.0%	92.0%
Wilson-Greene	Subject to Performance Agreement											
Total		42,759	6,116	14.3%	4,944	80.8%		247	4.0%	333	5.4%	90.3%

Number and Pct of LMEs that met the Best Practice Standard:

6 (23.1%)

Number and Pct of LMEs that met the SFY 2007 Standard:

11 (42.3%)

Total

17 (65.4%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- If the number of persons determined to need this level of care equals "0", the performance standard will not apply and the "Met Std" will be grayed out.

2006 - 2007 Performance Contract
First Quarter Report
July 1, 2006 - September 30, 2006

Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Routine Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 7 Days			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	10/20/06	1,629	1,195	73.4%	920	77.0%		24	2.0%	251	21.0%	100.0%
Albemarle	10/23/06	1,325	921	69.5%	329	35.7%		172	18.7%	111	12.1%	66.4%
Catawba	10/19/06	1,967	1,149	58.4%	636	55.4%		115	10.0%	206	17.9%	83.3%
CenterPoint	10/13/06	3,466	2,128	61.4%	1,763	82.8%		31	1.5%	334	15.7%	100.0%
Crossroads	10/16/06	1,710	1,234	72.2%	822	66.6%		143	11.6%	234	19.0%	97.2%
Cumberland	10/19/06	952	754	79.2%	343	45.5%		126	16.7%	245	32.5%	94.7%
Durham	10/18/06	2,013	826	41.0%	171	20.7%		36	4.4%	552	66.8%	91.9%
Eastpointe	10/20/06	1,185	1,074	90.6%	647	60.2%		348	32.4%	79	7.4%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	10/16/06	1,456	766	52.6%	621	81.1%		29	3.8%	29	3.8%	88.6%
Foothills	10/20/06	2,065	1,550	75.1%	1,488	96.0%	★	0	0.0%	28	1.8%	97.8%
Guilford	10/12/06	3,226	953	29.5%	691	72.5%		106	11.1%	156	16.4%	100.0%
Johnston	10/20/06	627	402	64.1%	218	54.2%		47	11.7%	128	31.8%	97.8%
Mecklenburg	10/17/06	1,729	830	48.0%	755	91.0%	★	16	1.9%	18	2.2%	95.1%
Neuse	10/16/06	649	580	89.4%	576	99.3%	★	0	0.0%	4	0.7%	100.0%
New River	10/20/06	2,020	883	43.7%	499	56.5%		205	23.2%	179	20.3%	100.0%
Onslow-Carteret	10/31/06	1,211	379	31.3%	339	89.4%	★	10	2.6%	30	7.9%	100.0%
Orange-Person-Chatham	10/20/06	663	336	50.7%	314	93.5%	★	8	2.4%	14	4.2%	100.0%
Pathways	10/19/06	1,991	968	48.6%	Not Reported	0.0%			0.0%		0.0%	0.0%
Pitt	10/19/06	403	385	95.5%	230	59.7%		49	12.7%	106	27.5%	100.0%
Roanoke-Chowan	10/19/06	974	581	59.7%	418	71.9%		162	27.9%	1	0.2%	100.0%
Sandhills Center	10/20/06	2,770	1,859	67.1%	1,387	74.6%		133	7.2%	339	18.2%	100.0%
Smoky Mountain	10/18/06	1,594	1,095	68.7%	519	47.4%		4	0.4%	324	29.6%	77.4%
Southeastern Center	10/20/06	2,512	703	28.0%	315	44.8%		14	2.0%	191	27.2%	74.0%
Southeastern Regional	10/19/06	1,117	998	89.3%	631	63.2%		218	21.8%	149	14.9%	100.0%
Tideland	Subject to Performance Agreement											
Wake	10/20/06	1,786	478	26.8%	223	46.7%		13	2.7%	11	2.3%	51.7%
Western Highlands	10/16/06	1,719	1,259	73.2%	938	74.5%		45	3.6%	174	13.8%	91.9%
Wilson-Greene	Subject to Performance Agreement											
Total		42,759	23,318	54.5%	15,793	67.7%		2,054	8.8%	3,893	16.7%	93.2%

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

5 (19.2%)

Total

5 (19.2%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Access, Triage and Referral.
1.2.4. Access Line

Performance Requirement: LME maintains a toll-free Access Line that is staffed 24 hours per day every day with trained personnel. Calls are answered within 6 rings. DHHS will monitor the number of rings it takes to answer the Access Line through a mystery shopper program. A minimum of 10 calls per quarter will be sampled.

Best Practice Standard: 100% of calls are answered within 6 rings.

SFY 2007 Standard: 85% of calls are answered within 6 rings.

Local Management Entity	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹
		#	% ²			#	% ²			#	% ²			#	% ²	
Alamance-Caswell-Rockingham	10	10	100.0%	★★												
Albemarle	10	10	100.0%	★★												
Catawba	10	8	80.0%													
CenterPoint	10	9	90.0%	★												
Crossroads	10	9	90.0%	★												
Cumberland	10	10	100.0%	★★												
Durham	10	10	100.0%	★★												
Eastpointe	10	10	100.0%	★★												
Edgecombe-Nash	Subject to Performance Agreement															
Five County	10	8	80.0%													
Foothills	10	10	100.0%	★★												
Guilford	10	10	100.0%	★★												
Johnston	10	10	100.0%	★★												
Mecklenburg	10	10	100.0%	★★												
Neuse	10	10	100.0%	★★												
New River	10	10	100.0%	★★												
Onslow-Carteret	10	8	80.0%													
Orange-Person-Chatham	10	10	100.0%	★★												
Pathways	10	10	100.0%	★★												
Pitt	10	10	100.0%	★★												
Roanoke-Chowan	10	10	100.0%	★★												
Sandhills Center	10	10	100.0%	★★												
Smoky Mountain	10	10	100.0%	★★												
Southeastern Center	10	10	100.0%	★★												
Southeastern Regional	10	10	100.0%	★★												
Tideland	Subject to Performance Agreement															
Wake	10	10	100.0%	★★												
Western Highlands	10	10	100.0%	★★												
Wilson-Greene	Subject to Performance Agreement															
Totals	260	252	96.9%	★												

Number and Pct of LMEs that met the Best Practice Standard: 21 (80.8%)

0 (0%)

0 (0%)

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard: 2 (7.7%)

0 (0%)

0 (0%)

0 (0%)

Total

23 (88.5%)

0 (0%)

0 (0%)

0 (0%)

Notes:

- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- Percents less than 85% are shaded.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.
SFY 2007 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²
YTD Straight-line Percentage:	25%				25%				25%				25%			
Alamance-Caswell-Rockingham	6,352	1,254	19.7%		3,467	322	9.3%		2,021	155	7.7%		2,024	307	15.2%	
Albemarle	1,749	518	29.6%		2,608	624	23.9%		338	93	27.5%		373	164	44.0%	
Catawba	1,160	238	20.5%		1,159	478	41.2%		472	75	15.9%		267	1	0.4%	
CenterPoint	7,251	2,333	32.2%		4,773	1,157	24.2%		1,448	318	22.0%		1,052	350	33.3%	
Crossroads	4,180	894	21.4%		2,441	262	10.7%		1,041	65	6.2%		350	136	38.9%	
Cumberland	3,506	815	23.2%		2,090	783	37.5%		422	190	45.0%		681	258	37.9%	
Durham	7,611	1,219	16.0%		4,752	786	16.5%		3,142	411	13.1%		1,259	603	47.9%	
Eastpointe	7,044	2,015	28.6%		9,365	1,670	17.8%		833	334	40.1%		2,156	179	8.3%	
Edgecombe-Nash	Subject to Performance Agreement															
Five County	3,735	1,038	27.8%		1,922	645	33.6%		1,472	146	9.9%		907	166	18.3%	
Foothills	13,349	2,650	19.9%		3,631	829	22.8%		2,405	223	9.3%		1,442	271	18.8%	
Guilford	10,043	1,555	15.5%		4,793	879	18.3%		2,184	230	10.5%		1,266	287	22.7%	
Johnston	1,251	266	21.3%		389	376	96.7%		1,026	347	33.8%		443	2	0.5%	
Mecklenburg	5,065	1,433	28.3%		6,881	1,595	23.2%		567	160	28.2%		1,070	355	33.2%	
Neuse	2,146	551	25.7%		4,259	654	15.4%		0	0	0.0%		515	62	12.0%	
New River	3,351	653	19.5%		2,347	370	15.8%		855	127	14.9%		617	458	74.2%	
Onslow-Carteret	3,378	620	18.4%		4,239	862	20.3%		712	105	14.7%		420	97	23.1%	
Orange-Person-Chatham	4,090	1,123	27.5%		2,193	396	18.1%		1,413	316	22.4%		792	117	14.8%	
Pathways	1,160	238	20.5%		1,159	478	41.2%		472	75	15.9%		267	1	0.4%	
Pitt	2,917	464	15.9%		3,999	689	17.2%		409	117	28.6%		412	52	12.6%	
Roanoke-Chowan	1,155	265	22.9%		2,542	413	16.2%		371	94	25.3%		280	46	16.4%	
Sandhills Center	6,920	1,594	23.0%		3,806	703	18.5%		2,349	843	35.9%		1,599	492	30.8%	
Smoky Mountain	3,794	605	15.9%		2,288	200	8.7%		927	127	13.7%		507	148	29.2%	
Southeastern Center	4,291	1,475	34.4%		7,311	1,227	16.8%		858	331	38.6%		530	360	67.9%	
Southeastern Regional	2,713	700	25.8%		1,490	695	46.6%		716	146	20.4%		733	188	25.6%	
Tideland	Subject to Performance Agreement															
Wake	12,542	3,474	27.7%		7,794	1,869	24.0%		3,892	1,164	29.9%		3,618	772	21.3%	
Western Highlands	12,107	2,889	23.9%		7,436	2,063	27.7%		2,480	448	18.1%		1,324	647	48.9%	
Wilson-Greene	Subject to Performance Agreement															
Totals	132,860	30,879	23.2%		99,134	21,025	21.2%		32,825	6,640	20.2%		24,904	6,519	26.2%	

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2007 Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Notes:

- YTD straight-line percentage for the current quarter is 25%.
Percentages that exceed the annual SFY 2007 Performance Contract Standard are highlighted red.
Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange.
Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- Standard Met is reported at the end of the year in the fourth quarter report.
★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard.

Service Management.
1.3.5. Transition To Community Services (ADATC Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2007 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Alcohol and Drug Abuse Treatment Center (ADATC) - Substance Abuse			
	Annual Allocation	YTD # Used	YTD % Used ¹ [Straight-line = 25%]	Standard Met ²
Alamance-Caswell-Rockingham	2,548	365	14.3%	
Albemarle	1,402	389	27.7%	
Catawba	1,227	220	17.9%	
CenterPoint	2,040	191	9.4%	
Crossroads	1,543	78	5.1%	
Cumberland	1,774	97	5.5%	
Durham	2,038	40	2.0%	
Eastpointe	2,282	439	19.2%	
Edgecombe-Nash	Subject to Performance Agreement			
Five County	1,387	181	13.0%	
Foothills	2,186	505	23.1%	
Guilford	2,816	219	7.8%	
Johnston	827	64	7.7%	
Mecklenburg	6,436	1,026	15.9%	
Neuse	833	170	20.4%	
New River	1,325	522	39.4%	
Onslow-Carteret	2,099	456	21.7%	
Orange-Person-Chatham	2,044	219	10.7%	
Pathways	2,462	229	9.3%	
Pitt	1,521	372	24.5%	
Roanoke-Chowan	577	62	10.7%	
Sandhills Center	3,796	856	22.6%	
Smoky Mountain	1,704	177	10.4%	
Southeastern Center	3,672	875	23.8%	
Southeastern Regional	1,815	192	10.6%	
Tideland	Subject to Performance Agreement			
Wake	3,389	231	6.8%	
Western Highlands	4,925	709	14.4%	
Wilson-Greene	Subject to Performance Agreement			
Totals	58,668	8,884	15.1%	

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. YTD straight-line percentage for the current quarter is 25%.

Percentages that exceed the annual SFY 2007 Performance Contract Standard are highlighted red.

Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange.

Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.

2. Standard Met is reported at the end of the year in the fourth quarter report.

★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard.

Provider Relations And Support.
1.4.2. SB 163 Provider Monitoring

Performance Requirement: The LME develops Provider Monitoring policies and procedures and monitors providers in its catchment area in accordance with SL 2002-164, 10A NCAC 27G .0600, and its written policies and procedures. The LME shall submit monthly Provider Monitoring Reports to DHHS summarizing its monitoring activities. These reports shall be reviewed to ensure that identified issues are being followed-up and resolved or referred to DHHS in a timely manner. DHHS shall annually review the LME's written policies and procedures (P&Ps) to ensure that all required elements are addressed and shall review the LME's implementation of its P&Ps.

Best Practice Standard: Policies and procedures are developed, contain all required elements, and are implemented. **100%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

SFY 2007 Standard: Policies and procedures are developed, contain all required elements, and are implemented. **85%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

Local Management Entity	# of Providers Monitored	# of Providers With Issues	# With Issues Addressed ¹ Within Timelines	# With Issues Referred to DHHS	% Addressed or Referred ²	Standard Met ³	P&Ps Contain All Required Elements	P&Ps Satisfactorily Implemented	Standard Met ³
Alamance-Caswell-Rockingham	33	25	25	0	100.0%	★★			
Albemarle	11	0	0	0		★★			
Catawba	21	21	21	0	100.0%	★★			
CenterPoint	92	71	69	2	100.0%	★★			
Crossroads	25	4	4	0	100.0%	★★			
Cumberland	50	39	36	0	92.3%	★			
Durham	27	13	13	0	100.0%	★★			
Eastpointe	20	17	16	0	94.1%	★			
Edgecombe-Nash	Subject to Performance Agreement								
Five County	27	22	22	0	100.0%	★★			
Foothills	6	2	2	0	100.0%	★★			
Guilford	38	32	30	0	93.8%	★			
Johnston	4	4	4	0	100.0%	★★			
Mecklenburg	85	62	62	0	100.0%	★★			
Neuse	7	7	6	1	100.0%	★★			
New River	1	1	1	0	100.0%	★★			
Onslow-Carteret	20	1	1	0	100.0%	★★			
Orange-Person-Chatham	9	9	9	0	100.0%	★★			
Pathways	55	44	44	0	100.0%	★★			
Pitt	22	19	19	0	100.0%	★★			
Roanoke-Chowan	8	8	8	0	100.0%	★★			
Sandhills Center	50	50	45	0	90.0%	★			
Smoky Mountain	14	14	12	0	85.7%	★			
Southeastern Center	15	15	15	0	100.0%	★★			
Southeastern Regional	63	14	12	0	85.7%	★			
Tideland	Subject to Performance Agreement								
Wake	45	45	45	0	100.0%	★★			
Western Highlands	20	18	15	1	88.9%	★			
Wilson-Greene	Subject to Performance Agreement								
Totals	768	557	536	4	96.9%	★			

Audit results will be provided in the fourth quarter after the reports have been finalized.

Number and Pct of LMEs that met the Best Practice Standard:

19 (73.1%)

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

7 (26.9%)

0 (0%)

Total

26 (100%)

0 (0%)

Notes:

1. "Addressed" means that as of the date of the monthly monitoring report (4 months following the monitoring visit), either the issues have been resolved, or improvement plans have been implemented and the LME is working with the provider to ensure that improvements are sustained.

2. Percentages below 85% are shaded red.

3. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
First Quarter Report
July 1, 2006 - September 30, 2006

Quality Management and Outcomes Evaluation.
1.6.3. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports show clear evidence of an effective process containing all 5 elements (1-5 above).

SFY 2007 Standard: 75% of reports show clear evidence of an effective process containing at least 4 elements.

Local Management Entity	1st Qtr Report (Due 10/20/06)		2nd Qtr Report (Due 1/20/07)		3rd Qtr Report (Due 4/20/07)		4th Qtr Report (Due 7/20/07)		Standard Met ²
	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	10/18/06	All 5							☆☆
Albemarle	10/20/06	<4							☆
Catawba	10/19/06	<4							☆
CenterPoint	10/19/06	All 5							☆☆
Crossroads	10/20/06	All 5							☆☆
Cumberland	10/20/06	All 5							☆☆
Durham	10/19/06	4							☆
Eastpointe	10/17/06	All 5							☆☆
Edgecombe-Nash	Sub to Perf. Agreement								
Five County	10/17/06	All 5							☆☆
Foothills	10/17/06	All 5							☆☆
Guilford	10/19/06	All 5							☆☆
Johnston	10/20/06	All 5							☆☆
Mecklenburg	10/18/06	All 5							☆☆
Neuse	10/17/06	All 5							☆☆
New River	10/17/06	All 5							☆☆
Onslow-Carteret	10/20/06	All 5							☆☆
Orange-Person-Chatham	10/20/06	All 5							☆☆
Pathways	10/18/06	All 5							☆☆
Pitt	10/19/06	All 5							☆☆
Roanoke-Chowan	10/17/06	All 5							☆☆
Sandhills Center	10/20/06	All 5							☆☆
Smoky Mountain	10/20/06	All 5							☆☆
Southeastern Center	10/18/06	All 5							☆☆
Southeastern Regional	10/20/06	All 5							☆☆
Tideland	Sub to Perf. Agreement								
Wake	10/18/06	All 5							☆☆
Western Highlands	10/18/06	All 5							☆☆
Wilson-Greene	Sub to Perf. Agreement								

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:

23 (88.5%)

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2007 Standard:

3 (11.5%)

Total

26 (100%)

Notes:

1. Dates that are shaded red indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.

2. The performance standard is an annual standard (black stars). Progress is reported quarterly (blue stars).

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/05)			2nd Qtr Report (Due 2/20/06)			3rd Qtr Report (Due 4/20/06)			4th Qtr Cash-Basis Report (Due 8/31/06)		4th Qtr Accrual- Basis Report (Due 8/31/06)		Standard Met ²
	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Date Received 1	Accurate, Complete	
Alamance-Caswell-Rockingham	10/20/05	Yes	★★	2/20/06	Yes	★★	4/20/06	Yes	★★			8/31/06	Yes	★★
Albemarle	10/20/05	Yes	★★	2/16/06	Yes	★★	4/20/06	Yes	★★			9/11/06	Yes	
Catawba	10/20/05	Yes	★★	2/9/06	Yes	★★	4/13/06	Yes	★★			8/17/06	Yes	★★
CenterPoint	10/19/05	Yes	★★	2/16/06	Yes	★★	4/20/06	No				8/29/06	Yes	★★
Crossroads	10/31/05	Yes		2/17/06	Yes	★★	4/20/06	Yes	★★			8/29/06	Yes	★★
Cumberland	10/13/05	Yes	★★	2/20/06	Yes	★★	4/13/06	Yes	★★			8/18/06	Yes	★★
Durham	10/17/05	Yes	★★	2/17/06	Yes	★★	4/4/06	Yes	★★			8/18/06	Yes	★★
Eastpointe	10/20/05	Yes	★★	1/20/06	No		6/8/06	Yes				8/31/06	Yes	★★
Edgecombe-Nash	Subject to Performance Agreement													
Five County	10/19/05	Yes	★★	2/17/06	Yes	★★	4/19/06	Yes	★★			8/30/06	Yes	★★
Foothills	10/20/05	Yes	★★	2/20/06	Yes	★★	4/20/06	Yes	★★			8/30/06	Yes	★★
Guilford	10/11/05	Yes	★★	1/11/06	Yes	★★	4/19/06	No				8/22/06	Yes	★★
Johnston	10/19/05	Yes	★★	2/20/06	Yes	★★	4/20/06	Yes	★★			8/29/06	Yes	★★
Mecklenburg	10/14/05	Yes	★★	1/12/06	Yes	★★	4/17/06	Yes	★★			8/28/06	Yes	★★
Neuse	10/18/05	Yes	★★	2/6/06	Yes	★★	4/20/06	Yes	★★			8/30/06	Yes	★★
New River	11/7/05	Yes		2/13/06	Yes	★★	4/17/06	Yes	★★			8/30/06	Yes	★★
Onslow-Carteret	Not Rec'd			1/20/06	No		4/19/06	No				Not Rec'd		
Orange-Person-Chatham	10/20/05	Yes	★★	2/20/06	Yes	★★	4/20/06	Yes	★★			8/30/06	Yes	★★
Pathways	10/19/05	Yes	★★	2/16/06	Yes	★★	4/17/06	Yes	★★			8/10/06	Yes	★★
Pitt	10/20/05	Yes	★★	2/15/06	No		Not Rec'd					Not Rec'd		
Roanoke-Chowan	Subject to Performance Agreement						4/20/06	Yes	★★			9/13/06	Yes	
Sandhills Center	10/17/05	Yes	★★	2/8/06	Yes	★★	4/18/06	Yes	★★			8/22/06	Yes	★★
Smoky Mountain	Not Rec'd			2/20/06	Yes	★★	4/24/06	Yes				9/1/06	Yes	
Southeastern Center	10/17/05	Yes	★★	2/10/06	Yes	★★	4/20/06	Yes	★★			9/19/06	Yes	
Southeastern Regional	10/18/05	Yes	★★	2/3/06	Yes	★★	4/18/06	Yes	★★			8/30/06	Yes	★★
Tideland	Subject to Performance Agreement													
Wake	10/20/05	Yes	★★	2/17/06	Yes	★★	4/19/06	Yes	★★			8/31/06	Yes	★★
Western Highlands	10/20/05	Yes	★★	2/8/06	Yes	★★	4/18/06	Yes	★★			8/31/06	Yes	★★
Wilson-Greene	Subject to Performance Agreement													

and % of LMEs that met the Performance Standard: 21 (84%) 22 (88%) 20 (76.9%) 20 (76.9%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/06)			2nd Qtr Report (Due 2/20/07)			3rd Qtr Report (Due 4/20/07)			4th Qtr Cash-Basis Report (Due 8/31/07)		4th Qtr Accrual- Basis Report (Due 8/31/07)		Standard Met ²
	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Date Received 1	Accurate, Complete	
Alamance-Caswell-Rockingham	10/20/06	Yes	★★											
Albemarle	10/18/06	Yes	★★											
Catawba	10/17/06	Yes	★★											
CenterPoint	10/17/06	Yes	★★											
Crossroads	10/18/06	Yes	★★											
Cumberland	10/12/06	Yes	★★											
Durham	10/10/06	Yes	★★											
Eastpointe	10/18/06	Yes	★★											
Edgecombe-Nash	10/13/06	Yes	★★											
Five County	10/17/06	Yes	★★											
Foothills	10/20/06	Yes	★★											
Guilford	10/12/06	Yes	★★											
Johnston	10/20/06	Yes	★★											
Mecklenburg	10/17/06	Yes	★★											
Neuse	10/17/06	Yes	★★											
New River	10/20/06	Yes	★★											
Onslow-Carteret	10/17/06	Yes	★★											
Orange-Person-Chatham	10/20/06	Yes	★★											
Pathways	10/18/06	Yes	★★											
Pitt	Not Rec'd													
Roanoke-Chowan	10/16/06	Yes	★★											
Sandhills Center	10/18/06	Yes	★★											
Smoky Mountain	10/20/06	Yes	★★											
Southeastern Center	10/18/06	Yes	★★											
Southeastern Regional	10/16/06	Yes	★★											
Tideland	10/26/06	Yes												
Wake	10/18/06	Yes	★★											
Western Highlands	10/31/06	Yes												
Wilson-Greene	10/16/06	Yes	★★											

and % of LMEs that met the Performance Standard: 26 (89.7%)

0 (0%)

0 (0%)

0 (0%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Reports (Due 10/20/06)							2nd Qtr Reports (Due 1/20/07)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			10/16/06	Yes			★★							
Albemarle			10/20/06	Yes	10/20/06	Yes	★★							
CenterPoint	11/27/06	Yes	11/27/06	Yes										
Crossroads	No SA/JJ Initiative requirement this quarter. Will have one beginning 3rd quarter.							No SA/JJ Initiative requirement this quarter. Will have one beginning 3rd quarter.						
Cumberland	10/20/06	Yes	10/16/06	Yes			★★							
Durham	10/20/06	Yes	10/20/06	Yes			★★							
Eastpointe			10/16/06	Yes	10/16/06	Yes	★★							
Five County			10/20/06	Yes			★★							
Foothills	10/16/06	Yes					★★							
Guilford	10/16/06	Yes	10/16/06	Yes			★★							
Mecklenburg	10/16/06	Yes					★★							
Neuse			10/20/06	Yes	10/16/06	Yes	★★							
Orange-Person-Chatham			10/20/06	Yes			★★							
Pathways	10/20/06	Yes					★★							
Pitt	10/16/06	Yes	10/16/06	Yes			★★							
Roanoke-Chowan					10/20/06	Yes	★★							
Sandhills Center	10/16/06	Yes	10/16/06	Yes			★★							
Southeastern Center	10/16/06	Yes	10/16/06	Yes			★★							
Southeastern Regional			10/16/06	Yes	10/16/06	Yes	★★							
Tideland			Not Rec'd	No										
Wake	10/16/06	Yes	10/15/06	Yes			★★							
Western Highlands	10/16/06	Yes	10/16/06	Yes			★★							
Catawba														
Edgecombe-Nash														
Johnston														
New River														
Onslow-Carteret														
Smoky Mountain														
Wilson-Greene														

Met the Best Practice Standard:

19 (90.5%)

0 (0%)

Met the SFY2007 Standard:

0 (0%)

0 (0%)

Total

19 (90.5%)

0 (0%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red. **Italicized** dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
First Quarter Report
July 1, 2006 - September 30, 2006

Information Management, Analysis, and Reporting.
1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/06)		2nd Qtr Report (Due 1/20/07)		3rd Qtr Report (Due 4/20/07)		4th Qtr Report (Due 7/20/07)		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	10/16/06	Yes							☆☆
Albemarle	10/19/06	Yes							☆☆
Catawba	10/20/06	Yes							☆☆
CenterPoint	10/11/06	Yes							☆☆
Crossroads	10/17/06	Yes							☆☆
Cumberland	10/20/06	Yes							☆☆
Durham	10/20/06	Yes							☆☆
Eastpointe	10/9/06	Yes							☆☆
Edgecombe-Nash	10/20/06	Yes							☆☆
Five County	10/19/06	Yes							☆☆
Foothills	10/20/06	Yes							☆☆
Guilford	10/9/06	Yes							☆☆
Johnston	10/17/06	Yes							☆☆
Mecklenburg	10/17/06	Yes							☆☆
Neuse	10/19/06	Yes							☆☆
New River	10/20/06	Yes							☆☆
Onslow-Carteret	10/20/06	Yes							☆☆
Orange-Person-Chatham	10/31/06	Yes							
Pathways	10/9/06	Yes							☆☆
Pitt	10/11/06	Yes							☆☆
Roanoke-Chowan	10/20/06	Yes							☆☆
Sandhills Center	10/20/06	Yes							☆☆
Smoky Mountain	10/20/06	Yes							☆☆
Southeastern Center	10/10/06	Yes							☆☆
Southeastern Regional	10/18/06	Yes							☆☆
Tideland	10/20/06	Yes							☆☆
Wake	10/20/06	Yes							☆☆
Western Highlands	10/11/06	Yes							☆☆
Wilson-Greene	10/20/06	Yes							☆☆

Number and Pct of LMEs that met the Best Practice Standard:

28 (96.6%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

Total

28 (96.6%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.

Italicized dates with yellow shading are within 10 days after the due date.

2. The performance standard is an annual standard. Progress is reported quarterly.

☆☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

2006 - 2007 Performance Contract
First Quarter Report
July 1, 2006 - September 30, 2006

Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission record (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of October 31, 2006.

Local Management Entity	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2007	First Quarter Adm SFY2006	Monthly Average SFY2007	Monthly Average SFY2006
Alamance-Caswell-Rockingham	23051	122	149	146	417	398	139	133
Albemarle	43121	114	153	127	394	399	131	133
Catawba	13091	129	201	163	493	469	164	156
CenterPoint	23021	327	358	159	844	777	281	259
CrossRoads	23011	325	421	336	1,082	391	361	130
Cumberland	33051	207	227	194	628	978	209	326
Durham	23071	155	134	38	327	567	109	189
Eastpointe	43081	54	43	34	131	136	44	45
Edgecombe-Nash	43051	31	24	10	65	239	22	80
Five County	23081	37	16	0	53	400	18	133
Foothills	13051	110	82	61	253	286	84	95
Guilford	23041	229	274	188	691	801	230	267
Johnston	33071	100	94	82	276	403	92	134
Mecklenburg	13102	137	175	116	428	Not Reported	143	Not Reported
Neuse	43071	748	147	105	1,000	171	333	57
New River	13030	80	53	38	171	458	57	153
Onslow-Carteret	43021	207	184	234	625	235	208	78
Orange-Person-Chatham	23061	19	0	0	19	443	6	148
Pathways	13081	238	149	88	475	1,138	158	379
Pitt	43091	Beginning 7/1/06, admission data is reported under Neuse.						
Roanoke-Chowan	43101	46	78	38	162	135	54	45
Sandhills	33031	292	293	169	754	1,025	251	342
Smoky Mountain	13010	43	42	57	142	580	47	193
Southeastern Center	43011	198	287	276	761	460	254	153
Southeastern Regional	33041	181	189	74	444	433	148	144
Tideland	43111	93	84	72	249	344	83	115
Wake	33081	317	283	225	825	722	275	241
Western Highlands	13131	308	342	286	936	1,153	312	384
Wilson-Greene	43041	34	32	17	83	66	28	22
TOTAL ADMISSIONS		4,881	4,514	3,333	12,728	13,607	4,243	4,536

Data that are shaded are incomplete or appear to be inaccurate.

2006 - 2007 Performance Contract
First Quarter Report
July 1, 2006 - September 30, 2006

Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (April 1, 2006 - June 30, 2006) where all mandatory data fields contain a value other than 'unknown'.

Best Practice Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2007 Standard: 85% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Area Code	County	Race	Ethnicity	Gender	Marital Status	Standard Met ²
Alamance-Caswell-Rockingham	205	100%	100%	100%	100%	100%	★★
Albemarle	412	100%	100%	100%	100%	100%	★★
Catawba	109	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	98%	98%	100%	98%	★★
Cumberland	305	100%	99%	100%	100%	100%	★★
Durham	207	100%	100%	100%	100%	98%	★★
Eastpointe	408	100%	100%	96%	100%	99%	★★
Edgecombe-Nash	405	100%	100%	99%	100%	100%	★★
Five County	208	100%	100%	99%	100%	85%	★
Foothills	105	100%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	100%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	100%	★★
Mecklenburg	110	100%	99%	99%	100%	99%	★★
Neuse	407	100%	100%	96%	100%	100%	★★
New River	103	100%	100%	100%	100%	97%	★★
Onslow-Carteret	402	98%	98%	98%	100%	97%	★★
Orange-Person-Chatham	206	100%	100%	99%	100%	100%	★★
Pathways	108	100%	100%	100%	100%	100%	★★
Pitt	409	100%	93%	82%	95%	94%	
Roanoke-Chowan	410	100%	100%	100%	100%	100%	★★
Sandhills Center	303	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	99%	84%	100%	99%	
Southeastern Regional	304	100%	100%	100%	100%	100%	★★
Tideland	411	100%	100%	100%	100%	100%	★★
Wake	308	100%	100%	100%	100%	100%	★★
Western Highlands	113	100%	100%	100%	100%	100%	★★
Wilson-Greene	404	100%	100%	99%	100%	96%	★★

Number and Pct of LMEs that met the Best Practice Standard:

26 (89.7%)

Number and Pct of LMEs that met the SFY 2007 Standard:

1 (3.4%)

Total

27 (93.1%)

Notes:

1. Percentages less than 85% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claim record.

The table below shows the percentage of clients admitted during the prior quarter (April 1, 2006 - June 30, 2006) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

SFY 2007 Standard: 80% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Area Code	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	94%	★★
Albemarle	412	98%	★★
Catawba	109	90%	★★
CenterPoint	202	99%	★★
Crossroads	201	96%	★★
Cumberland	305	100%	★★
Durham	207	99%	★★
Eastpointe	408	81%	★
Edgecombe-Nash	405	97%	★★
Five County	208	88%	★
Foothills	105	100%	★★
Guilford	204	100%	★★
Johnston	307	99%	★★
Mecklenburg	110	87%	★
Neuse	407	100%	★★
New River	103	81%	★
Onslow-Carteret	402	94%	★★
Orange-Person-Chatham	206	95%	★★
Pathways	108	88%	★
Pitt	409	92%	★★
Roanoke-Chowan	410	98%	★★
Sandhills Center	303	97%	★★
Smoky Mountain	101	95%	★★
Southeastern Center	401	83%	★
Southeastern Regional	304	94%	★★
Tideland	411	93%	★★
Wake	308	96%	★★
Western Highlands	113	100%	★★
Wilson-Greene	404	93%	★★

Number and Pct of LMEs that met the Best Practice Standard:

23 (79.3%)

Number and Pct of LMEs that met the SFY 2007 Standard:

6 (20.7%)

Total

29 (100%)

Notes:

1. Percentages less than 80% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.5. Consumer Information - Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, CSMAJ.

The table below shows the percentage of open clients in the designated target populations (April 1, 2006 - June 30, 2006) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.
SFY 2007 Standard: 80% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Area Code	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	95%	★★
Albemarle	412	94%	★★
Catawba	109	98%	★★
CenterPoint	202	99%	★★
Crossroads	201	91%	★★
Cumberland	305	100%	★★
Durham	207	100%	★★
Eastpointe	408	73%	
Edgecombe-Nash	405	100%	★★
Five County	208	21%	
Foothills	105	99%	★★
Guilford	204	99%	★★
Johnston	307	91%	★★
Mecklenburg	110	71%	
Neuse	407	100%	★★
New River	103	98%	★★
Onslow-Carteret	402	77%	
Orange-Person-Chatham	206	93%	★★
Pathways	108	89%	★
Pitt	409	49%	
Roanoke-Chowan	410	100%	★★
Sandhills Center	303	95%	★★
Smoky Mountain	101	0%	
Southeastern Center	401	89%	★
Southeastern Regional	304	97%	★★
Tideland	411	92%	★★
Wake	308	99%	★★
Western Highlands	113	95%	★★
Wilson-Greene	404	99%	★★

Number and Pct of LMEs that met the Best Practice Standard:

21 (72.4%)

Number and Pct of LMEs that met the SFY 2007 Standard:

2 (6.9%)

Total

23 (79.3%)

Notes:

1. Percentages less than 80% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Fourth Quarter Report
April 1, 2006 - June 30, 2006

Information Management, Analysis, and Reporting.
1.8.2.7. Consumer Information - DD Client Outcomes Inventory (DD-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The DD COI is required for consumers ages 6 and over with a primary disability of DD whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age and disability group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2006 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell-Rockingham	0			
Albemarle	2	0	0.0%	
Catawba	0	0		
CenterPoint	3	1	33.3%	
Crossroads	4	1	25.0%	
Cumberland	4	2	50.0%	
Durham	3	0	0.0%	
Eastpointe	1	0	0.0%	
Edgecombe-Nash	Subject to Performance Agreement			
Five County	0			
Foothills	0			
Guilford	1	0	0.0%	
Johnston	0	0		
Mecklenburg	0			
Neuse	1	0	0.0%	
New River	0			
Onslow-Carteret	0			
Orange-Person-Chatham	0			
Pathways	0	0		
Pitt	1	0	0.0%	
Roanoke-Chowan	0	0		
Sandhills Center	0			
Smoky Mountain	0			
Southeastern Center	0	1	100.0%	★★
Southeastern Regional	0			
Tideland	Subject to Performance Agreement			
Wake	9	9	100.0%	★★
Western Highlands	2	0	0.0%	
Wilson-Greene	Subject to Performance Agreement			
Totals	31	14	45.2%	

Number and Pct of LMEs that met the Best Practice Standard:

2 (18.2%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

2 (18.2%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.7. Consumer Information - DD Client Outcomes Inventory (DD-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The DD COI is required for consumers ages 6 and over with a primary disability of DD whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age and disability group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2007 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell-Rockingham	0			
Albemarle	1	0	0.0%	
Catawba	3	0	0.0%	
CenterPoint	2	0	0.0%	
Crossroads	1	0	0.0%	
Cumberland	2	2	100.0%	★★
Durham	2	2	100.0%	★★
Eastpointe	0			
Edgecombe-Nash	Subject to Performance Agreement			
Five County	0			
Foothills	0			
Guilford	0			
Johnston	1	0	0.0%	
Mecklenburg	0			
Neuse	2	1	50.0%	
New River	0			
Onslow-Carteret	0			
Orange-Person-Chatham	0			
Pathways	3	0	0.0%	
Pitt	0			
Roanoke-Chowan	1	1	100.0%	★★
Sandhills Center	0			
Smoky Mountain	0			
Southeastern Center	2	1	50.0%	
Southeastern Regional	0			
Tideland	Subject to Performance Agreement			
Wake	1	1	100.0%	★★
Western Highlands	1	1	100.0%	★★
Wilson-Greene	Subject to Performance Agreement			
Totals	22	9	40.9%	

Number and Pct of LMEs that met the Best Practice Standard:

5 (38.5%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

Total

5 (38.5%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected initial forms are received on time.

SFY 2007 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham	88	20	22.7%			
Albemarle	137	85	62.0%			
Catawba	144	97	67.4%			
CenterPoint	282	32	11.3%			
Crossroads	170	43	25.3%			
Cumberland	190	134	70.5%			
Durham	87	58	66.7%			
Eastpointe	53	16	30.2%			
Edgecombe-Nash	23	8	34.8%			
Five County	14	14	100.0%			★★
Foothills	60	24	40.0%			
Guilford	192	99	51.6%			
Johnston	127	125	98.4%			★
Mecklenburg	0	0				
Neuse	417	11	2.6%			
New River	76	10	13.2%			
Onslow-Carteret	23	12	52.2%			
Orange-Person-Chatham	3	3	100.0%			★★
Pathways	139	25	18.0%			
Pitt	0	0				
Roanoke-Chowan	7	3	42.9%			
Sandhills Center	139	75	54.0%			
Smoky Mountain	1	0	0.0%			
Southeastern Center	55	15	27.3%			
Southeastern Regional	50	26	52.0%			
Tideland	23	3	13.0%			
Wake	153	49	32.0%			
Western Highlands	180	63	35.0%			
Wilson-Greene	17	13	76.5%			
Totals	2,850	1,063	37.3%			

The timeliness criterion was not used to determine whether or not the performance standard was met this quarter.

Number and Pct of LMEs that met the Best Practice Standard:

2 (7.4%)

Number and Pct of LMEs that met the SFY 2007 Standard:

1 (3.7%)

Total

3 (11.1%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. The expected number of initial assessments is based on the number of consumers receiving services as members of defined target populations, reduced by the number of exempt consumers reported by the LME or an estimate of the number of consumers to be exempted, whichever was greater.

Information Management, Analysis, and Reporting.
1.8.2.10. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Update Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected update forms are received and are timely.
SFY 2007 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ²
		# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham	839	456	54.4%	188	22.4%	
Albemarle	658	628	95.4%	434	66.0%	
Catawba	780	653	83.7%	362	46.4%	
CenterPoint	1,245	995	79.9%	302	24.3%	
Crossroads	500	228	45.6%	75	15.0%	
Cumberland	908	422	46.5%	174	19.2%	
Durham	627	451	71.9%	202	32.2%	
Eastpointe	418	195	46.7%	91	21.8%	
Edgecombe-Nash	299	205	68.6%	136	45.5%	
Five County	1,262	1,026	81.3%	549	43.5%	
Foothills	240	222	92.5%	81	33.8%	
Guilford	1,355	1,148	84.7%	609	44.9%	
Johnston	799	795	99.5%	610	76.3%	
Mecklenburg	965	950	98.4%	696	72.1%	
Neuse	301	299	99.3%	162	53.8%	
New River	614	381	62.1%	222	36.2%	
Onslow-Carteret	798	168	21.1%	48	6.0%	
Orange-Person-Chatham	227	191	84.1%	63	27.8%	
Pathways	788	460	58.4%	196	24.9%	
Pitt	297	182	61.3%	93	31.3%	
Roanoke-Chowan	458	262	57.2%	85	18.6%	
Sandhills Center	1,375	1,005	73.1%	621	45.2%	
Smoky Mountain	177	14	7.9%	5	2.8%	
Southeastern Center	937	929	99.1%	782	83.5%	
Southeastern Regional	1,602	1,321	82.5%	694	43.3%	
Tideland	335	236	70.4%	40	11.9%	
Wake	1,294	639	49.4%	273	21.1%	
Western Highlands	1,126	527	46.8%	292	25.9%	
Wilson-Greene	282	242	85.8%	109	38.7%	
Totals	21,506	15,230	70.8%	8,194	38.1%	

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

Best Practice Standard: 95% of current assessments are no more than 15 months old.

SFY 2007 Standard: 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell-Rockingham	650	644	99.1%	★★
Albemarle	363	337	92.8%	★
Catawba	425	422	99.3%	★★
CenterPoint	1,025	1,022	99.7%	★★
Crossroads	591	541	91.5%	★
Cumberland	985	467	47.4%	
Durham	684	581	84.9%	
Eastpointe	1,011	749	74.1%	
Edgecombe-Nash	451	342	75.8%	
Five County	674	671	99.6%	★★
Foothills	567	504	88.9%	
Guilford	1,702	1,100	64.6%	
Johnston	355	352	99.2%	★★
Mecklenburg	1,823	1,799	98.7%	★★
Neuse	482	482	100.0%	★★
New River	526	519	98.7%	★★
Onslow-Carteret	687	412	60.0%	
Orange-Person-Chatham	847	799	94.3%	★
Pathways	1,573	1,457	92.6%	★
Pitt	560	511	91.3%	★
Roanoke-Chowan	315	288	91.4%	★
Sandhills Center	1,127	984	87.3%	
Smoky Mountain	470	395	84.0%	
Southeastern Center	845	834	98.7%	★★
Southeastern Regional	944	871	92.3%	★
Tideland	564	277	49.1%	
Wake	2,011	1,749	87.0%	
Western Highlands	1,468	1,284	87.5%	
Wilson-Greene	363	205	56.5%	
Totals	24,088	20,598	85.5%	

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2007 Standard:

Total

9 (31%)

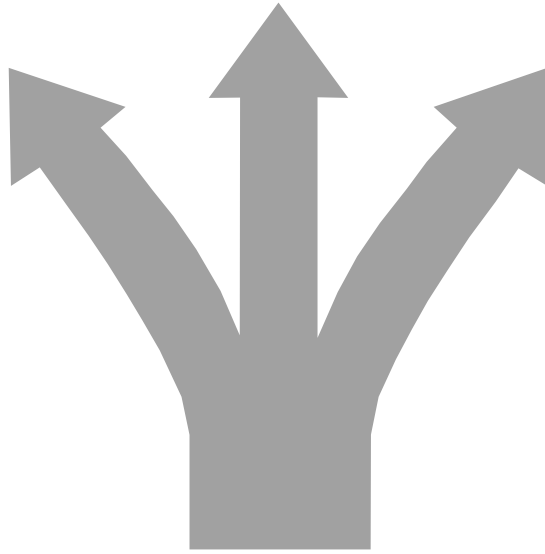
7 (24.1%)

16 (55.2%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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